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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768577

1. Corporation Name
JUPITER VILLAGE TOWN HOMES PHASE EIGHT CONDOMINIUM ASSOCIATION, INC.

542957 - 90343 - 25

Principal Place of Business	Mailing Address
900 E. INDIANTOWN ROAD #210 JUPITER FL 33467	900 E. INDIANTOWN ROAD #210 JUPITER FL 33467

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
05/23/1983

4. FEI Number
59-2321667
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CAMPBELL, THERESA
900 E. INDIANTOWN RD #210
JUPITER 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	ESPISITA, J		1.2 NAME	Espositó, John	
STREET ADDRESS	301 LAKEWOOD DR 8B		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	\"	☐ Change ☐ Addition
NAME	SCHOLL, NORBERT		2.2 NAME		
STREET ADDRESS	706 STONEWOOD CT, 18C		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	SUTHERLIN, J.		3.2 NAME	Sutherlin, Judy	
STREET ADDRESS	703 STONEWOOD CT 16C		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	Sec D	☐ Change ☒ Addition
NAME	CURCIO, FRANK		4.2 NAME	Karen Bolin	
STREET ADDRESS	408 LAKEWOOD CT, 6A		4.3 STREET ADDRESS	407 Lakewood Ct 5-D	
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP	Jupiter, Fl 33458	
TITLE	TD	☒ DELETE	5.1 TITLE	Asst Sec D	☐ Change ☐ Addition
NAME	PRATT, SHEILA		5.2 NAME	Perrone, Debbie	
STREET ADDRESS	406 LAKEWOOD CT, 4A		5.3 STREET ADDRESS	102 Lakewood Dr 22-C	
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP	Jupiter, Fl 33458	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judy Sutherlin Pres. 4/24/99 561-655-1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED